

RFF Question and Answer Document

1. Is the cover letter and the Transmittal letter one and the same?

Yes. Follow directions in 2.2

2. Are incentives allowed such as WalMart gift cards to encourage persons to return for sessions?

No

3. Will you be posting all the questions and answers from the Q/A session?

Yes

4. If some ancillary documents are unavailable in an electronic format, may they be exempt from the CD-ROM copy? (ex: county budget audits)

Yes

5. If the agencies submit an RFP independently ensuring Memorandums of Understandings (MOU's) are current and display strong linkage agreements with other agencies/health departments, but maintain independent fiscal responsibilities and evaluations/outcomes without duplication of services, will the agency even be considered in Southern Indiana?

Yes

6. Will there be suggestions on the division of the monies regionally as guidance for agencies to assist with determining the "ASK" amount per proposal/program/intervention, etc.?

No

7. Will ISDH provide supplies and equipment over and above the \$1.2 M total?

ISDH will be providing condoms and some OraSure and Rapid Test Kits.

8. Will the agencies implementing the interventions need to clear the IRB and will the IRB meet in time for good review of materials to attach to RFP's for review and scoring for the aware announcements?

There is not an IRB involved. Evaluation team consists of mainly state personnel. Each application will be reviewed by three different individuals and scores will be combined to come up with an average score.

9. What is the maximum dollar amount per agency per intervention per region to apply for monies from this RFP?

There is no maximum amount per agency per region per intervention.

10. If the agency is not provided funding by ISDH for HIV counseling, testing, and referral, is the applying agency required to attend the HIV/STD quarterly meetings in Indianapolis? And if so, will the agency be reimbursed over and above the initial award for travel, lodging, salary, and per diem?

If the state is supplying testing devices and the agency also uses the state lab, they are considered indirectly funded; therefore, they are required to attend the CTR quarterly meetings.

In response to the second part of the question, no, they would not receive any additional monies for travel reimbursement.

11. What criterion determines the "Lead Agency" per region?

The agency submitting the application.

12. The "HIV Prevention Program is seeking service providers to provide comprehensive services to the communities of Indiana." In this statement, how are you defining communities? Is the intent to accept only one proposal from prevention regions? Cities? Populations?

Communities refers to geographical region. This will also be based on the need of the area/geographical region.

13. Regarding the RFP, is there a cap for prevention funds allocated for Region 1. As we begin to work out the cooperative agreement in our area, Region 1 remains the second largest in terms of numbers infected. What is the level of funding available.

The prevention funds allocated to Region 1 will depend on the submitted applications.

14. In developing the application with a lead agency, what do you do in the event a currently funded organization chooses not to partner and plans to submit an application independent of the regional application? Will that entity be funded anyway?

The application would be weak without a complete comprehensive package. Are there other agencies in Region 1 that your agency can partner with?

15. What does a comprehensive HIV prevention program entail? Is each applicant required to offer CTR/PCRS, CRCS, HC/PI, Outreach, and evidence based interventions?

A comprehensive HIV prevention program would either offer all interventions or have MOU's with other local agencies to provide interventions that the applicant doesn't offer.

16. What is a "defined area"?

This refers to an actual geographical region.

17. How is "lead agency" determined? Do we have to apply as a lead agency or is it assigned by ISDH?

Lead agency depends on who applies and who has the best proposal. It is not assigned by ISDH.

18. Describe agency-wide clientele – Should this data reflect all clients from HIV and STD programs only?

Should reflect only clients from HIV programs

19. Resumes and professional state licenses – Do you need this for the entire staff of HIV and STD programs or only for staff we propose to fund with this application?

This is only needed for staff to be funded under this application.

20. Pg. 17 - CTR/PCRS activities must be entered on a daily basis – Is a PCRS module being developed for Luther?

There is a PCRS module already in Luther. If you print the user's manual, Chapter 4 gives information about this module and how to set up defaults.

21. Pg. 18 – x-CDC guidelines regarding 1.2% positivity – Are you able to provide a copy of CDC guidelines outlining that counseling/testing sites adhere to 1.2% positivity rate, while moving towards a 2% rate by December 31, 2009?

No, we don't have this in writing, but it can be checked by going to the CDC's website.

22. How does a STD clinic or counseling/testing site that doesn't target specific populations address this? Is STD clinic clientele considered a priority population?

All contractors were advised in January that they would need to specify a target population and that 50% of tests completed needed to be in that target population. If you would like to address STD clientele as a priority population, you may complete and submit Attachment I.